Patent Docket No.: <u>LUX-P026</u>

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Gunn, et al. Attorney Docket No.: LUX-P026

Serial No.: 10/799,040 Group Art Unit: 2883

Filed: 03/11/2004 Examiner: EL Shammaa, Mary A.

Title: Fiber To Chip Coupler

Amendment

10 Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

15 Sir:

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In response to Official Action dated 9/23/2005, please amend this application as follows:

Amendment to Specification begins on page 2.

Amendments to Claims begins on page 3.

Remarks begin on page 11.

20 Conclusion begins on page 15.

Certificate of Mailing By "U.S. Priority Mail" Under 37 C.F.R. 1.10(c)
RITY MAIL" Mailing Label Number: 7005 1160 0005 1644 2365 Date of Deposit: 12/22/2005 Thereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Name: Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gunn, et al.

Serial No.: 10/799,040 Filed: 03/11/2004

For: Fiber To Chip Coupler

Mail Stop Amendment Commissioner of Patents P.O. Box 1450

Dear Sir:

Alexandria, VA 22313-1450

Attorney Docket No.: LUX-P026 Examiner: El Shammaa, Mary A.

Art Unit: 2883

AMENDMENT TRANSMITTAL LETTER

1 TDANC	MITTED DOCUMENTO 41. C.11		and and the Co. Land and the Co.
	ansmitted herewith.	ng documents relating to the	e above-identified patent application are
Y 2	An Amendment for this application: 1:	5 nages	
a	Substituted Formal Drawings:	<u>5</u> pages.	
	A Petition For Extension of Time For Ro	Silecis.	(6(a) incomparated harain
6	An Information Disclosure Statement ur	oder 27 CEP 1 07(b)	
u	An Amendment for this application: _1	rd	<u>A_</u> 1.97(c)
_ <u></u>	A Check (_) for \$ to cover requir	ed fees of this corresponds	naa
1. /	A Check (_) for \$ to cover requir	ed lees of this corresponde	nce.
2. APPLIC	CANT FILING STATUS:		
	Applicant is a Large Entity.		
<u>X</u> b.	Applicant is a Small Entity.		
3. EXTENS	SION OF TIME:		
a. Ap	oplicant petitions for an extension of tim	e under 37 C.F. R. 1.136 fo	or the total number of months checked
	elow (fees pursuant to 37 C.F.R. 1.17(a)		
<u>Ext</u>	tension of Time	Large Entity Fee	Small Entity Fee
i. (One (1) month.	\$ 110.00	\$ 55.00
ii.	Two (2) month.	\$ 410.00	\$ 205.00
iii.	Three (3) month.	\$ 930.00	\$ 465.00
iv.	Four (4) month.	\$ 1,450.00	\$ 725.00
v.]	Five (5) month.	\$ 1,970.00	\$ 985.00
Exter	nsion Time Fee Total:00		

X b. Applicants believe that no extension of time is required. However, this conditional petition is being made in case Applicants have inadvertently overlooked the need for a petition for extension of time.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	39	- 39 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$.00
b. Independent Claims	2	- 3=	0	x \$ 84.00 Large Entity x \$ 42.00 Small Entity	\$.00
c. Multiple Dependent Claims Added By This Amendment x 280.00 Large Entity x 140.00 Small Entity					
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

	The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482 . A <u>duplicate copy</u> of this authorization is enclosed.
	A Check # for \$ for the above specified Total Fee is enclosed. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.
<u>X</u>	Applicants do not believe that any payment of fee is needed in association with this communication. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.
	Please direct all correspondence concerning the above-identified application to the following address:

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Phone: (650) 325-4999 Fax: (650) 325-1203

Respectfully submitted,

Registration No. 34,160